| MISSOURI DEPARTMENT OF REVENUE FORM FOR INDIVIDUALS  YOUR NAME (LAST, FIRST, INITIAL)  SPOUSE'S NAME (LAST, FIRST, INITIAL)  IN CARE OF NAME  ADDRESS (NUMBER AND STREET)  CITY, STATE, ZIP CODE | 1. Primary Social Security Number . 3. Secondary Social Security Number . 5. Calendar or Fiscal Year Due | * * * * * * * * * * * * * * * * * * *  | 2. Primary Name Control*  4. Secondary Name Control*  0 0  1st QTR (Calendar year—due April 16, 2001) |
|--|--|--|---|
| RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY MO 65105-0555  MO 860-1858 (11-2000)  | IF YOU WISH TO RECE  | IVE A PREPRINTED COUPON BOOK FOR TH<br>Sary to Check this Box for a 2002 Boo | IE REMAINDER OF 2001 PLEASE CHECK THIS OK, AS IT WILL BE AUTOMATICALLY ISSUED.) *                     |
| MISSOURI DEPARTMENT OF REVENUE FSTIMATED TAX DECLARATION  FORM   | Primary Social     Security Number .   | *  | 2. Primary  Name Control*   |

MO-1040ES 3. Secondary Social 4. Secondary FOR INDIVIDUALS Security Number . . Name Control . YOUR NAME (LAST, FIRST, INITIAL) 5. Calendar or Fiscal Year Due ..... SPOUSE'S NAME (LAST, FIRST, INITIAL) 6. Amount of this Installment 0 0 IN CARE OF NAME (U.S. funds only) . . 2nd QTR ADDRESS (NUMBER AND STREET) (Calendar year—due June 15, 2001) **DOR USE ONLY** CITY, STATE, ZIP CODE RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO: IF YOU WISH TO RECEIVE A PREPRINTED COUPON BOOK FOR THE REMAINDER OF 2001 PLEASE CHECK THIS BOX. (IT IS NOT NECESSARY TO CHECK THIS BOX FOR A 2002 BOOK, AS IT WILL BE AUTOMATICALLY ISSUED.) \* MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY, MO 65105-0555

MO 860-1858 (11-2000)

| MISSOURI DEPARTMENT OF REVENUE ESTIMATED TAX DECLARATION FOR INDIVIDUALS  YOUR NAME (LAST, FIRST, INITIAL)  SPOUSE'S NAME (LAST, FIRST, INITIAL)  IN CARE OF NAME  ADDRESS (NUMBER AND STREET)  CITY, STATE, ZIP CODE | M Security Number | 2. Primary Name Control*  4. Secondary Name Control*  O O  3rd QTR (Calendar year—due September 17, 2001) |
|---|-------------------|---|
| RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYAE MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSO MO 65105-0555  MO 860-1858 (11-2000)  |                   |   |
| MISSOURI DEPARTMENT OF REVENUE ESTIMATED TAX DECLARATION FOR INDIVIDUALS  YOUR NAME (LAST, FIRST, INITIAL)  SPOUSE'S NAME (LAST, FIRST, INITIAL)  IN CARE OF NAME   | M Security Number | 2. Primary Name Control *  4. Secondary Name Control *  |
| ADDRESS (NUMBER AND STREET)  CITY, STATE, ZIP CODE  | DOR USE ONLY      | 4th QTR<br>(Calendar year—due<br>January 15, 2002)  |

MO 860-1858 (11-2000)

RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY, MO 65105-0555

### **GENERAL INSTRUCTIONS**

- Filing requirements You are required to file a declaration of estimated tax if your Missouri estimated tax is expected to be \$100.00 or more (Section 143.521.1, RSMo).
- Missouri estimated tax Your Missouri estimated tax is the amount estimated to be the income tax under Sections 143.011 to 143.996, RSMo, for the tax year, less the amount which you estimate to be the sum of any credits allowable, including tax withheld.
- 3. Farmers If you have an estimated Missouri gross income from farming for the tax year that equals at least two-thirds of the total estimated Missouri gross income, you may file a declaration of estimated tax and make payment at any time on or before January 15, 2002, or file an income tax return and pay in full on or before March 1, 2002.
- 4. Payment of estimated tax Your estimated tax may be paid in full with the first declaration voucher, or in equal installments on or before April 16, 2001, June 15, 2001, September 17, 2001 and January 15, 2002. The first installment must accompany the first declaration voucher. If no declaration was required to be filed during the tax year, no declaration need be filed on January 15, 2002, if you file a return and pay the tax on or before January 31, 2002. If the due date falls on a Saturday, Sunday or legal holiday, the return will be considered timely if filed on the next business day.
- 5. Fiscal Year If you file an income tax return on a fiscal year basis, the dates for filing the declaration vouchers and paying the estimated tax are the 15th day of the first and last months of the second quarter of the fiscal year; the 15th day of the last month of the third quarter; and the 15th day of the first month of the next fiscal year. If you are a fiscal year filer, mark through the printed due date on Form MO-1040ES and indicate the correct due date beneath "Fiscal Year Due". If the due date falls on a Saturday, Sunday or legal holiday, the return will be considered timely if filed on the next business day.
- 6. Nonresident If you are a nonresident, your estimated tax requirement is the same as a resident's tax. A nonresident's tax is based on the proportion that the adjusted gross income from Missouri is to the total income. Example: An individual has Missouri tax of \$400 on all income, with 90% of the adjusted gross income from Missouri; the Missouri estimated tax is \$360 (90% of \$400).
- 7. Changes in Income Even though your Missouri estimated tax on April 16, 2001, is such that you are not required to file a declaration at that time, the Missouri estimated tax may change so that you will be required to file at a later date. The time for filing is as follows: June 15, 2001, if the change occurs after April 16, 2001, and before June 15, 2001; September 17, 2001, if the change occurs after June 15, 2001, but before September 17, 2001; January 15, 2002, if the change occurs after September 17, 2001.
- 8. Amended declaration If, after you have filed a declaration, you find the Missouri estimated tax substantially increased or decreased as a result of a change in income, an amended declaration should be filed on or before the next filing date. Please complete the Amended Estimated Tax Worksheet and show the amended Missouri estimated tax on Line 1 of the next Form MO-1040ES filed. If estimated tax is not owed for a particular guarter, do not remit a Form MO-1040ES for that guarter.
- Additions to tax for failure to pay estimated tax The law provides an additions to tax, determined at the present applicable rate of interest from the date of the first install-

ment underpaid. Ten percent (10%) interest will be charged on all delinquent payments for 2001. The charge does not apply to you if each installment is paid on time and the total amount of all payments of estimated tax made on or before the last date prescribed for payment of such installment equals or exceeds:

- a) the tax shown on the preceding year's return if that return was for a 12 month period and showed a tax liability; or
- b)  $\,90\%$  (66 2/3% in the case of a farmer) of the total amount due for the current year.
- 9. Rounding on Missouri Returns You must round all cents to the nearest whole dollar on your return. For cents .01 through .49, round down to the previous whole dollar amount (round \$32.49 down to \$32.00) on the return. For cents .50 through .99, round up to the next whole dollar amount (round \$32.50 up to \$33.00) on the return. For your convenience, the zeros have already been placed in the cent columns on the returns.

### INSTRUCTIONS FOR COMPLETING THE 2001 FORM MO-1040ES

- Complete the estimated tax worksheet on the reverse side.
- Form MO-1040ES Enter your name, spouse's name and addressing information.
- 1. Line 1 Enter Your/Primary Social Security Number (SSN).
- Line 2 Enter the first four letters of your last name. See examples below. NOTE: Please use all capital letters as shown.

| Name         | Enter | Name               | Enter |
|--------------|-------|--------------------|-------|
| John Brown   | BROW  | Juan DeJesus       | DEJE  |
| Joan A. Lee  | LEE   | Jean McCarty       | MCCA  |
| John O'Neill | ONEI  | Pedro Torres-Lopes | TORR  |

- Line 3 If you are filing a joint return, enter your Spouse's/Secondary Social Security Number (SSN).
- Line 4 Enter the first four letters of your spouse's last name. See examples for Line 2 above.
- 5. Line 5 Enter the Calendar or Fiscal Year Due (CCYY).
- Line 6 Enter the amount shown on Line 18 of the estimated worksheet. This is the amount of your installment payment.
- Mail with remittance (U.S. funds only), payable to the Missouri Department of Revenue, P.O. Box 555, Jefferson City, MO 65105-0555. Be sure to include your Social Security Number on your check.

## If the declaration must be amended:

- 1. Complete the amended computation schedule on the reverse side.
- 2. Enter the revised amounts on the remaining Form MO-1040ES vouchers.
- Mail with remittance (U.S. funds only), payable to the Missouri Department of Revenue, P.O. Box 555, Jefferson City, MO 65105-0555.

# FORM MO-1040ES TAX TABLE IF YOU ARE FILING A COMBINED DECLARATION AND BOTH HAVE INCOME, USE LINES 11Y & 11S. OTHERS USE LINE 11T. ENTER THE AMOUNT OF TAX DUE ON LINE 12, COLUMNS Y AND S, OR COLUMN T.

| If Line 1  | 1 is  |        | If Line 1 | 1 is  |        | If Line 1 | 1 is  |        | If Line 11 is |       | If Line 11 is |       |       | If Line 11 is |       |       |        |
|------------|---|--------|-----------|-------|--------|-----------|-------|--------|---------------|-------|---------------|-------|-------|---------------|-------|-------|--------|
|            | But   |        |           | But   |        |           | But   |        |               | But   |               |       | But   |               |       | But   | .      |
| At         | less  | Your   | At        | less  | Your   | At        | less  | Your   | At            | less  | Your          | At    | less  | Your          | At    | less  | Your   |
| least      | than  | tax is | least     | than  | tax is | least     | than  | tax is | least         | than  | tax is        | least | than  | tax is        | least | than  | tax is |
| 0          | 100   | \$ 0   | 1,500     | 1,600 | \$ 26  | 3,000     | 3,100 | 62     | 4,500         | 4,600 | \$109         | 6,000 | 6,100 | \$167         | 7,500 | 7,600 | \$238  |
| 100        | 200   | 2      | 1,600     | 1,700 | 28     | 3,100     | 3,200 | 65     | 4,600         | 4,700 | 113           | 6,100 | 6,200 | 172           | 7,600 | 7,700 | 243    |
| 200        | 300   | 4      | 1,700     | 1,800 | 30     | 3,200     | 3,300 | 68     | 4,700         | 4,800 | 116           | 6,200 | 6,300 | 176           | 7,700 | 7,800 | 248    |
| 300        | 400   | 5      | 1,800     | 1,900 | 32     | 3,300     | 3,400 | 71     | 4,800         | 4,900 | 120           | 6,300 | 6,400 | 181           | 7,800 | 7,900 | 253    |
| 400        | 500   | 7      | 1,900     | 2,000 | 34     | 3,400     | 3,500 | 74     | 4,900         | 5,000 | 123           | 6,400 | 6,500 | 185           | 7,900 | 8,000 | 258    |
| 500        | 600   | 8      | 2,000     | 2,100 | 36     | 3,500     | 3,600 | 77     | 5,000         | 5,100 | 127           | 6,500 | 6,600 | 190           | 8,000 | 8,100 | 263    |
| 600        | 700   | 10     | 2,100     | 2,200 | 39     | 3,600     | 3,700 | 80     | 5,100         | 5,200 | 131           | 6,600 | 6,700 | 194           | 8,100 | 8,200 | 268    |
| 700        | 800   | 11     | 2,200     | 2,300 | 41     | 3,700     | 3,800 | 83     | 5,200         | 5,300 | 135           | 6,700 | 6,800 | 199           | 8,200 | 8,300 | 274    |
| 800        | 900   | 13     | 2,300     | 2,400 | 44     | 3,800     | 3,900 | 86     | 5,300         | 5,400 | 139           | 6,800 | 6,900 | 203           | 8,300 | 8,400 | 279    |
| 900        | 1,000   | 14     | 2,400     | 2,500 | 46     | 3,900     | 4,000 | 89     | 5,400         | 5,500 | 143           | 6,900 | 7,000 | 208           | 8,400 | 8,500 | 285    |
| 1,000      | 1,100   | 16     | 2,500     | 2,600 | 49     | 4,000     | 4,100 | 92     | 5,500         | 5,600 | 147           | 7,000 | 7,100 | 213           | 8,500 | 8,600 | 290    |
| 1,100      | 1,200   | 18     | 2,600     | 2,700 | 51     | 4,100     | 4,200 | 95     | 5,600         | 5,700 | 151           | 7,100 | 7,200 | 218           | 8,600 | 8,700 | 296    |
| 1,200      | 1,300   | 20     | 2,700     | 2,800 | 54     | 4,200     | 4,300 | 99     | 5,700         | 5,800 | 155           | 7,200 | 7,300 | 223           | 8,700 | 8,800 | 301    |
| 1,300      | 1,400   | 22     | 2,800     | 2,900 | 56     | 4,300     | 4,400 | 102    | 5,800         | 5,900 | 159           | 7,300 | 7,400 | 228           | 8,800 | 8,900 | 307    |
| 1,400      | 1,500   | 24     | 2,900     | 3,000 | 59     | 4,400     | 4,500 | 106    | 5,900         | 6,000 | 163           | 7,400 | 7,500 | 233           | 8,900 | 9,000 | 312    |
| Go to http | Go to http://dor.state.mo.us/tax and enter your taxable income for assis- |        |           |       |        |           |       |        | 9,000         |       | 315           |       |       |               |       |       |        |

Go to http://dor.state.mo.us/tax and enter your taxable income for assistance in calculating your tax.

Example — If Line 11 is \$12,000, the tax would be computed as follows: \$315 + \$180 (6% of \$3,000) = \$495

— PLUS 6% of excess over \$9,000

# INSTRUCTIONS FOR COMPLETING THE ESTIMATED TAX WORKSHEET

Married persons, each having income and filing a combined estimate, use Columns Y, S and T. All others use only Column T.

Line 1 — Enter your expected adjusted gross income from your federal return after subtracting and/or adding any modifications you may have; subtract exempt U.S. government bond interest and the state income tax refund included on your federal return and add interest on obligations of another state or its political subdivisions, the amount of your net operating loss eligible for carryforward/carryback and partnership and S corporation state income tax addback.

Line 2 — Enter your and your spouse's percentage of combined adjusted gross income. Example: If Line 1, Yourself (Column Y) is \$14,000, Spouse (Column S) \$6,000, and Total (Column T) \$20,000, then Line 2 is: Yourself — 70% (\$14,000/\$20,000) and Spouse — 30% (\$6.000/\$20.000).

Line 3 — Enter the amount of your estimated pension exemption. Qualifying government pensions are limited to a \$6,000 exemption and qualifying private pensions are limited to \$5,000 for the year 2001. Your total pension exemption cannot exceed \$6,000. Your income must meet certain income limits for the pension exemption.

Line 4 — Enter the amount of your self-employment health insurance deduction and/or your qualified long-term care insurance deduction.

Line 5 — Enter the amount of your estimated 2001 federal income tax not to exceed \$5,000 for a single return; \$10,000 for a combined return.

Line 6 — Enter the amount of your Missouri standard deduction or estimated Missouri itemized deductions. For tax year 2000, if you completed Federal Form 1040, Line 35a, b, or you were claimed as a dependent on someone else's tax return, enter the same standard deduction as entered on Federal Form 1040, Line 36. Missouri standard deductions are (1) Single -\$4,550; (2) Head of household — \$6,650; (3) Married filing joint federal and combined Missouri or Qualifying widow(er) with dependent child — \$7,600; (4) Married filing separate returns (or) Married filing separate (spouse not filing) — \$3,800.

Line 7 — Enter the amount of your exemption based on the appropriate filing status below:

- Single \$2.100
- Claimed as a dependent on another person's federal income tax return \$0
- Married filing combined return \$4,200
- Married filing separate return \$2,100
- (5)Married filing separate (spouse not filing) — \$4,200
- (6)Head of household — \$3,500
- Qualifying widow(er) with dependent child \$3,500

Line 8 — Enter the amount of your dependent deduction. You are allowed a \$1,200 deduction for each qualifying dependent. You are allowed an additional \$1,000 for each qualifying dependent age 65 or older that does not receive Medicaid or state funds. Do not include yourself or spouse in the number of dependents.

Line 9 — Add the amounts on Lines 3, 4, 5, 6, 7 and 8 and enter the total on Line 9.

Line 10 — Subtract Line 9 from Line 1 and enter on Line 10.

Line 11 — Prorate the combined taxable income on Line 10 based on the percentages on Line 2 and enter on Line 11. Example: If Line 10 is \$13,000 and the percentages on Line 2 are 70% for Yourself and 30% for Spouse; Line 11 amounts should be \$9,100 for Yourself and \$3,900 for Spouse.

Line 12 — Enter on Line 12 in Columns Y, S and/or T, the tax amount determined from the tax table included in this book. If you are filling combined, enter the total of Columns Y and S in Column T. Note: A nonresident should determine Missouri estimated tax due by multiplying the tax from the table by the percentage obtained by dividing Missouri adjusted gross income by the total adjusted gross income derived from all sources.

Line 13 — RESIDENTS: Enter on Line 13, the total of the estimated amount of Missouri income

tax to be withheld, approved overpayment applied from 2000 return, the amount of income tax to be paid to another state, miscellaneous tax credits and/or property tax credit or pharmaceutical tax credit, if any. NONRESIDENTS: Enter on Line 13 Missouri tax to be withheld and approved miscellaneous tax credits.

Line 14 — Subtract Line 13 from Line 12 and enter the total on Line 14.

Line 15 — If you anticipate receiving a lump sum distribution from a retirement plan in 2001, and you will use the 10 year averaging method, enter 10% of your estimated federal tax on the distribution on Line 15.

Line 16 — If you anticipate that you will be required to recapture a portion of any federal low income housing credits, you will also be required to recapture a portion of any state credits taken. Enter your estimated recapture of low income housing credit on Line 16.

Line 17 — Add Lines 14, 15 and 16 and enter the total on Line 17.

Line 18 — Divide Line 17 by the number of installments and enter on Line 18.

If your Missouri estimated tax changes during the year, please use the amended estimated tax worksheet to determine the amended amount to be paid.

WHEN TO PAY ESTIMATED TAX (For Calendar Year Taxpayers)

April 16, 2001 September 17, 2001 January 15, 2002 June 15, 2001

# 2004 ESTIMATED TAY WODI/SHEET FOR INDIVIDUAL S (SEE INSTRUCTIONS)

| 2001 ESTIMATED TAX WORKSHEET FOR INDIVIDUALS (SEE INSTRUCTIONS)  |                    |            |     |                       |  |  |  |
|--|--------------------|------------|-----|-----------------------|--|--|--|
|  | Y — YOURSELI       | S — SPOUSE | T - | - TOTAL OR ONE INCOME |  |  |  |
| 1. Enter your 2001 estimated adjusted gross income   | 00                 | 00         | 1   | 00                    |  |  |  |
| 2. Enter percentage of Column Y and S to total in Column T   | %                  | %          | 2   | 100 %                 |  |  |  |
| 3. Enter your estimated pension exemption for 2001 (see instructions)  |                    |            | 3   | 00                    |  |  |  |
| 4. Enter your self-employment health insurance dedution and/or your long-term care insurance dedu  | ction              |            | . 4 | 00                    |  |  |  |
| 5. Enter your estimated federal income tax for 2001 not to exceed \$5,000 (\$10,000 on a married filin   | g combined return) |            | 5   | 00                    |  |  |  |
| 6. Enter your itemized deductions or standard deduction amount (see instructions)  |                    |            | 6   | 00                    |  |  |  |
| 7. Enter your exemption amount   |                    |            | 7   | 00                    |  |  |  |
| 8. Enter your dependent deduction amount   |                    |            |     | 00                    |  |  |  |
| 9. Total Lines 3, 4, 5, 6, 7 and 8   | 9                  | 00         |     |                       |  |  |  |
| 10. Subtract Line 9 from Line 1. This is your total taxable income   |                    |            | 10  | 00                    |  |  |  |
| 11. Prorate Line 10 between spouses according to the percentages on Line 2   | 00                 | 00         | 11  | 00                    |  |  |  |
| 12. Tax (refer to tax table on reverse side)   |                    | 00         | 12  | 00                    |  |  |  |
| <ol> <li>Resident — Enter Missouri tax to be withheld, credit for income tax to be paid to another state miscellaneous tax credits, pharmaceutical tax credit and/or property tax credit.</li> </ol> |                    |            |     |                       |  |  |  |
| Nonresident — Enter Missouri tax to be withheld and approved miscellaneous tax credits   |                    |            | 13  | 00                    |  |  |  |
| 14. Estimated tax (Line 12 less Line 13)   |                    |            |     | 00                    |  |  |  |
| 15. Estimated tax on lump sum distribution (see instructions)  |                    |            |     | 00                    |  |  |  |
| 16. Estimated recapture of low income housing credit   |                    |            | 00  |                       |  |  |  |
| 17. Total estimated tax to be paid (add Lines 14, 15 and 16)   |                    | 00         |     |                       |  |  |  |
|  |                    |            |     |                       |  |  |  |
| 18. Computation of installments (divide Line 17 by number of installments)   |                    |            |     |                       |  |  |  |
| NOTICE: YOU WILL NOT BE BILLED. REMIT WHEN DUE   |                    |            | 18  | 00                    |  |  |  |

NOTE: If estimated tax changes during the year, use the amended computation below to determine amended amount to be entered on the declaration voucher.

| AMENDED ESTIMATED TAX WORKSH  | HEET         | RECORD OF ESTIMATED TAX PAYMENTS |             |               |   |  |  |  |
|---|--------------|----------------------------------|-------------|---------------|---|--|--|--|
| (Use if estimated tax is substantially changed after first Form MO-1040ES is filed)   |              | QTR.                             | (a)<br>DATE | (b)<br>AMOUNT | (c)<br>TOTAL AMOUNT<br>PAID AND CREDITED<br>FROM JAN. 1 THROUGH THE |  |  |  |
| Amended estimated tax (after credits and approved overpayment)  | 00           |                                  | DATE        | AMOUNT        | INSTALLMENT DATE SHOWN.   |  |  |  |
| Less     Payments made on 2001 declaration  | 00           | 1                                | FOR         | 00            | 00  |  |  |  |
|   | VEE          | 2                                | 1 00        | 00            | 00  |  |  |  |
|   |              | 3                                | COKP        | 00            | 00  |  |  |  |
| 3. Unpaid balance (Line 1 less Line 2)  | 00           | 4                                |             | 00            | 00  |  |  |  |
| Amount to be paid (Line 3 divided by number of remaining installments.) Enter here and on Line 1 of Form MO-1040ES          | <b>50</b> 00 | то                               | TAL ▶       | 00            | 00  |  |  |  |
| NOTICE • YOU WILL NOT BE BILLED • REMIT WHEN DUE  ESTIMATED TAX DUE BY: • APRIL 16, 2001 • JUNE 15, 2001 • JANUARY 15, 2002 |              |                                  |             |               |   |  |  |  |